

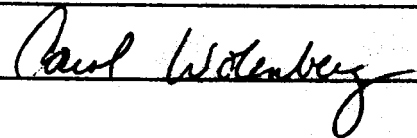

GRANT OFFICE USE ONLY
Notification to ITS:

GRANT AWARD APPROVAL FORM

1. Official Name of Grant Program:		Date of SBE approval of grant criteria		n/a
2003 Team Nutrition Training Grant - <input type="checkbox"/> Continuation (years) (title)		<input checked="" type="checkbox"/> Initial (type)		<input type="checkbox"/> Amendment
Legislation Authorizing this Grant Program:				
<input checked="" type="checkbox"/> Federal Grant CFDA Number 10.574		<input type="checkbox"/> State Grant		<input type="checkbox"/> Other (Private, Foundation)
2. Type and Purpose of Grant Program: (check one)				
This funding is to deliver new and innovative training programs on the Dietary Guidelines for Americans 2000 to school and child care decision makers including teachers, school food service personnel, principals, superintendents, board members, parents and leaders of children's organizations.		<input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other designated _____ (specify)		
3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)				
<u>Priorities</u> <input checked="" type="checkbox"/> Integrating Communities and Schools <input type="checkbox"/> Elevating Educational Leadership <input type="checkbox"/> Embracing the Information Age <input type="checkbox"/> Ensuring Early Childhood Literacy <input type="checkbox"/> Ensuring Excellent Educators		<u>Policies</u> <input type="checkbox"/> Bullying <input type="checkbox"/> Character Education <input checked="" type="checkbox"/> Creating Effective Learning Environments <input checked="" type="checkbox"/> Family Involvement <input type="checkbox"/> Safe Schools		<input type="checkbox"/> Other _____ (specify)
4. Grant Categories (if not described in Item 2): <input checked="" type="checkbox"/> NOT APPLICABLE				
5. Target Population to be Served by Grant: Entire State				
6. Total Funds Awarded: \$200,000				
7. Eligible Applicants: Michigan State University Extension				
8. Description of Priorities Given to Any Specific Population or Location: <input checked="" type="checkbox"/> NOT APPLICABLE				
9. Grant Administration:				
Office School Support Services	Unit Food & Nutrition Program	Contact Julie Stark	Phone 517-373-2374	

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10. OFFICE	Office Director Approval Signature: <u></u> Phone: <u>517-373-2374</u> Comments: _____	Date: <u>09-05-2003</u>
11. BUDGET OFFICE	Budget Office Approval Signature: <u></u> Comments: _____	Date: _____
12. GRANTS OFFICE	Grants Office Approval Signature: <u></u> Comments: _____ <div style="text-align: center; margin-top: 20px;"> <i>Exhibits A, B, and C are not required.</i> </div>	Date: <u>9/5/03</u>
13. DEPUTY SUPERINTENDENT	Deputy Superintendent Approval Signature: <u></u> Comments: _____	Date: <u>7-9-03</u>
14. SUPERINTENDENT	Superintendent Approval Signature: <u></u> Comments: _____	Date: <u>7/7/03</u>

INSTRUCTIONS:

- A. Complete items 1-10 on this form. The Grants Administration Unit will facilitate completion of items 11-14.
- B. Attach three (3) sets of Exhibits A, B, and C.
 Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.
 Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.
 Exhibit C---Map of Michigan indicating the location of recommended applicants.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grant Administration Unit.